PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/561373

	CLAIMS A	S FILED -	PART	1			· · · · · · · · · · · · · · · · · · ·				
	(Column 1)		(Column 2)			SMALL EN TYPE	TITY	OR		R THAN ENTITY	
S. NATIONAL]	RATE	FEE	7	RATE	FEE	
SIC FEE	SMALL ENT. = \$ 150		LAR	GE ENT. = \$ 300	1	BASIC FEE	 			 	
AMINATION FE	Satisfies PCT Article 33(1)- (4) = \$50/\$100				1	EXAM. FEE	 	┨ ँ``		300	
ARCH FEE	All other situations (ie. No Search Rpt.)		U.S. Is	ISA = \$50/\$100 other countries =		SEARCH FEE	 	1		200	
FOR EXTRA S	minus 100 =			/ 50 =		X'\$ 125 =		1	Y \$ 250 -	480	
TAL CHARGEA	2/ minus 20 = .		. /							1	
EPENDENT CL	2 minus 3 = 1		*				 	-	ļ	50	
LTIPLE DEPENI	DENT CLAIM PRE								-		ļ
the difference	in column 1 is l)" in co	lumn 2				4 (74.00
TOTAL								OR	TOTAL	450	
	(Column 1)	AMENDED			(Column 3)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	·	NUMI PREVIC	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	*	Minus	**		= .	ı	X \$ 25 =	·	OR	X \$ 50 =	1 22
Independent	*	Minus	***		=	Ī	X \$ 100 =		OR		
FIRST PRES	ENTATION OF M	ULTIPLE DEPE	NDENT C	CLAIM		ŀ	+ \$ 180 =		1		
							TOTAL ADDIT.		L	TOTAL ADDIT.	
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	REMAINING AFTER AMENDMENT		NUMB PREVIO	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	*	Minus	**		=		X \$ 25 =		OR	X \$ 50 =	
Independent	L	Willias			= .	ſ	X \$ 100 =		OR	X \$ 200 =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
						1	TOTAL ADDIT: FFF		OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
	SIC FEE AMINATION FE ARCH FEE E FOR EXTRA SITAL CHARGEAE EPENDENT CL LTIPLE DEPENI The difference Total Independent FIRST PRES If the "Highest Number "Highest Number "Highest Number Number Number Number Number Number Number "Highest Number Numb	S. NATIONAL STAGE FEES SIC FEE AMINATION FEE ARCH FEE E FOR EXTRA SPEC. PGS. TAL CHARGEABLE CLAIMS DEPENDENT CLAIMS LTIPLE DEPENDENT CLAIM PRE I the difference in column 1 is less than the fif the "Highest Number Previously Paic" if the "	S. NATIONAL STAGE FEES SIC FEE SMALL ENT. AMINATION FEE ARCH FEE E FOR EXTRA SPEC. PGS. 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